

EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE

Best Western Vista Inn, 2645 Airport Way, Boise, ID

December 12, 2002

COMMITTEE MEMBER ATTENDEES:

Vicki Armbruster, Volunteer Third Service Member
Stephen E Bastian, Advanced EMT Member
David Christensen, Idaho Chapter of the American Academy of Pediatricians
Randy Cordle, Emergency Pediatric Medicine
Merrill Cornelius, EMT-Basic Member
Jeff Furner, Career Third Service Member
Hal Gamett, Fire Department Based Non-Transport Member
Hal Iverson, *St Alphonsus Life Flight*, Air Medical Member
Karen Kellie, Idaho Hospital Association Member
Mary Ellen Kelly, State Board of Nursing Member
David Kim, Idaho Chapter of ACEP Member
James Kozak, EMT-Paramedic Member
Warren Larson, EMS Instructor Member
Mary Leonard, State Board of Medicine Member
Ethel Peck, *EMT*, Idaho Association of Counties Member
William Pyron, Consumer Member
Murry Sturkie, DO, Idaho Medical Association Member

COMMITTEE MEMBERS ABSENT:

Dean Ellis, Idaho Fire Chiefs Association Member
Robert Korn, MD, PhD, ID Chapter of ACS Member, Committee on Trauma
Robert D Larsen, Private Agency Member
Krista Merrill, County EMS Administrator Seat
Robert W Monteith, *Rose Lake QRU*, Third Service Non-Transport Member

VACANT MEMBER SEATS:

None

EMS STAFF ATTENDEES:

Jim Alter, EMS Regional Operations Coordinator	John Cramer, Analysis and Planning
Shana Barnes, State Communications Center	Barbara Freeman, EMS Administrative Assistant
Boni Carrell, EMS for Children	Janet Jacobs, Certification and Licensure
Douglas Carrell, EMS Regional Consultant, BOI	Dia Gainor, EMS Bureau Chief
Bruce Cheeseman, Certification and Licensure	Tawni Newton, Provider Resources Coordinator
Kay Chicoine, Analysis and Planning	

Other Attendees:

David Blake, 366 Medical Group (MHAFB)	Don Stroup, Northwest Paramedics
Robb Hickey, Northwest Paramedics	

AGENDA ITEM	Discussion	Outcomes/Decisions/Action Items
USE OF EPHINEPHRINE FOR ANAPHYLAXIS	Already in scope of practice if prescribed to patient and carried by patient. Protocols Revision will address necessary changes to protocol for epi-pen carried by the EMS provider. Need a medical	Motion: Board of Medicine to reconsider inclusion of First Responder level providers, particularly those without a medical director, to diagnose severe allergic reactions and provide treatment

AGENDA ITEM	Discussion	Outcomes/Decisions/Action Items
	<p>director because epinephrine is a prescription. First Responders would need training. Policies will be created in the next few months.</p> <p>Implications: See handout.</p> <p>Doesn't create a free for all for other pharmaceuticals. There are 36 other states who have implemented EMT-Bs carrying and administering epi-pens.</p> <p>First Responders (FR) are not affiliated. No other state has given this privilege to FR. The Board of Medicine (BOM) is willing to listen to other input. Bureau could promulgate rule, but Amy Hagan intended for all emergency personnel to carry epi-pens.</p> <p>When potential vendors were surveyed, 3 stated they would send epi-pens to EMS agencies and fire departments without a prescription.</p> <p>Will it become a minimum standards requirement? Diagnosed patients should be carrying their own epi-pens. What are the statistics from other states? Amy's intent of the proposed law was for the benefit of those who don't know that they have an allergy.</p> <p>Costs related to the frequency of use is tremendous. (\$45 each with 12 month shelf life). Limit to those with affiliation and medical direction. Public education is difficult and unreliable.</p> <p>Administering epi-pens to patients who have not been diagnosed is making a diagnosis.</p> <p>There are 9 ambulance services using EMT-Bs without a medical director who are giving medications. Directors are sometimes not available. State has responsibility to provide medical director access.</p>	<p>with epi-pens. Seconded – Kim. Motion passes unanimously.</p> <p>Motion: Bureau require and assist any agency or individual First Responder who will administer medication to obtain a medical director. Seconded. Passed with 2 oppositions.</p> <p>Mary Leonard will get clarification on the interpretation about on-line and off-line medical direction.</p>
HOSPITALS AS AN EMS AFFILIATION	Bruce Cheeseman presented issues related to a petition to the Board of	

AGENDA ITEM	Discussion	Outcomes/Decisions/Action Items
	<p>Medicine (BOM) by a hospital requesting whether rule allowed EMTs to be employed by a hospital.</p> <p>Mary Leonard read parts of draft rules - work as EMS personnel, maintain an affiliation with EMS agency, only work in emergency ED and not other parts of the hospital. Who would be supervising in the ED setting?</p> <p>Kim: Isn't this a hospital decision to allow certain privileges to EMS personnel. Is this a licensing issue? If you're an EMS provider, you should expect to see patients out of the hospital. Shouldn't allow EMS to work solely in the hospital. Hospital's choice relies on the underlying provider certification. EMS providers are unclear about their roles when they cross the line drawn at the door of the ED.</p> <p>Unlicensed health care provider becomes another issue. Two Aspects: (1) paramedics who have limited exposure – some method to provide continuing education. Hospitals should participate in that. (2) Use of paramedics as health care providers in ED. Nurse practitioners would act as unlicensed health care providers. Is there a role for paramedics as health care providers?</p> <p>Military field medics have been doing this for some time. Air Force has been employing EMTs in a wide variety of roles. Non privileged personnel fall under chief nurse function and are required to maintain some certification. Military has been looking at the scope of practice of these individuals to maintain appropriate accountability.</p> <p>Mary Ellen Kelly stated that the nursing shortage will change the way we do business. Very complex.</p> <p>Cordle: What's difficult about</p>	

AGENDA ITEM	Discussion	Outcomes/Decisions/Action Items
	<p>hospitals being an affiliation? More than an EMS issue. Presented here as an emerging issue to start dialogue.</p> <p>Difficult concept for EMS to begin licensing hospitals that are already licensed and have undergone inspections and reviews.</p> <p>Has to be some mechanism in the hospitals to oversee roles and scope of practice in the hospital setting.</p> <p>Has to be some way for an EMS provider to practice the same scope of practice as they do out of the hospital without licensing the hospital. Rural EMTs want to be able to keep up their skills. Need to promote EMS in other health care settings – not just Emergency Department.</p> <p>BOM draft rules state that there will be direct physician supervision. Reality: usually not available.</p> <p>There is a role for paramedics in the hospitals that will benefit the nursing and physician staff.</p> <p>Behooves Bureau to make a stand and declaration to determine the paramedic scope of practice inside the hospital. Hiring and getting experience are two different issues.</p> <p>Is there anything in law, rule, or accreditation standards that prevents a hospital from hiring a paramedic? No, but you would be getting into scope of practice issues. Military is currently hiring non-licensed practitioners.</p>	
WEBX DEMONSTRATION	John Cramer demonstrated teleconferencing tool that can be used for subcommittees, task forces, and education, etc.	
EMSC	<p>Will start meeting semi annually beginning in March. Boni Carrell distributed CMRT 1999 report.</p> <p>Looking at prevention activities.</p>	

LICENSURE SUB-COMMITTEE		
		Warren Larson named chair.
AIR ST LUKE'S ALS TRANSPORT		Motion to accept application. Accepted.
CITY OF FRUITLAND ALS II TRANSPORT		Recommendation to present protocols. Accepted.
TIMBERLAKE NON-TRANSPORT INITIAL		Upgrade to ILS & ALS. Need protocols for ILS. Will be approved when protocols are presented.
MEDICAL DIRECTION SUBCOMMITTEE		
<p>MEDICAL DIRECTOR JOB DESCRIPTION</p> <p>MEDICAL DIRECTOR'S COURSE</p> <p>EMT-I CURRICULUM</p> <p>ADMINISTRATIVE PROTOCOLS</p> <p>ON-LINE MEDICAL CONTROL SURVEY</p> <p>PROTECTION FROM DISCOVERABILITY</p> <p>STATE COMMUNICATIONS CENTER AND MEDICAL DIRECTION</p>	<p>Revisions regarding consideration of compensation and liability insurance will be made to the Medical Director Job Description and will be sent out as a guideline. Regional Consultants will draft a distribution plan.</p> <p>The Medical Director's course will be repeated in Boise. Date to be determined. Other locations will be considered after an analysis of geographic distribution of attendees.</p> <p>The Medical Direction Sub-Committee was advised regarding the EMT-Intermediate curriculum and associated challenges.</p> <p>Reviewed sample Administrative protocols drafted by Jeff Keller.</p> <p>Discussed development of survey about EMS providers' experiences with on-line Medical Direction. The survey will be distributed to all EMS providers.</p> <p>Legal Protection from Discoverability issues will need to be legislated. Looking for a sponsor.</p> <p>Bureau accepts the task to provide on-line medical direction resources through StateComm to agencies that are unable to obtain on-line medical direction.</p>	Accepted report.
TRAC SUB-COMMITTEE		
TRAUMA REGISTRY	Formed (Trauma Registry Advisory Committee) TRAC. 25 members appointed by the Public Health	Report accepted.

	Officer. Design and development phase of trauma registry. Scheduled to have a demonstration of TRACs. Implementation April 2004.	
GRANTS SUB-COMMITTEE		
HRSA RURAL ACCESS TO EMERGENCY DEVICES GRANT	<p>The EMSAC Grants Sub-Committee recommends the following for placement of AED's by the EMS Bureau for the HRSA – Rural Access to Emergency Devices Grant.</p> <ol style="list-style-type: none"> 1) Award 1 AED to each eligible count (42). Placement will be determined by community partners for that county, if such a group exists, or the county commissioners. 2) For the remaining available AEDs, applications will be accepted from licensed EMS agencies, licensed hospitals and clinics and Indian Health Service agencies. <p>A scoring process will be developed using application information combined with predictive and actual cardiac arrest data obtained from Patient Care Report forms.</p> <p>Discussion: Statistically proven that there are two locations where AEDs are beneficial: casinos and airports.</p> <p>How are we going to distribute grant availability information? Community partners should best know appropriate locations for AED placement. AHA has already developed guidelines.</p> <p>Concerns:</p> <p>Is the vendor obligated to provide the contracted price to entities not selected in the grant process but who would provide own funding.</p> <ol style="list-style-type: none"> 1. Community and device recipient education. <p>Idaho received the 6th largest grant award nationally.</p>	Report and motions of the sub-committee accepted.

EDUCATION SUB-COMMITTEE		
PROTOCOLS REVISION PROJECT	<p>Reviewed. Several are completed and will be made available. Some are being considered under the Medical Direction Sub-Committee. Clarifications to AED and aspirin protocols. DNR is being changed to accept photocopies.</p> <p>Glucometry issues: Application to EMSAC. Pilot study has been initiated. Submitted 1-year report. Ongoing study? Jim Alter will investigate.</p> <p>Will be dovetailed with pediatric protocols.</p>	Report accepted.
EMT-B HIGH SCHOOL CURRICULUM	<p>Available on the web by the end of the month.</p> <p>http://pte.state.id.us Select: health/curriculum</p>	Report accepted.
EMT-I TASK FORCE CHARTER	Task force meeting scheduled for Jan/Feb.	Report accepted.
EMSAC MEMBERSHIP TASK FORCE		
MEMBERSHIP COMPOSITION	<p>Motions:</p> <ol style="list-style-type: none"> 1. Do not increase number of seats on EMSAC at this time. 2. Do not decrease number of seats on EMSAC at this time. 3. Revisit concept of consolidation in one year. (The Task Force revisited whether the emergence of state EMS association would prompt the consolidation of the individual provider seats (Basic, Advanced, Paramedic) into one.) <p>RECOMMENDATION</p> <p>EMSAC newsletter should add contact information (email address, etc) for each member.</p>	Motions and report accepted.
OTHER BUSINESS	<p>Creation of Task Force. Hospital as an EMS affiliation.</p> <p>EMSAC members contact Murry Sturkie or Bureau if interested in serving on this committee.</p>	Motion: Create a task force to address the Hospital as EMS affiliation. Second. Passed.